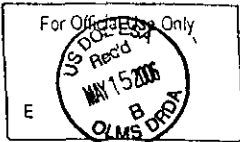


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11452</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>DOUGLAS H. ROBBINS</u> P.O. Box, Bldg., Room No., if any <u>Suite A</u> Street <u>351 Northgate Circle</u> City <u>New Castle Pa.</u> State <u>Pa.</u> ZIP Code + 4 <u>16105</u>	4. Name, file number, and address of labor organization. Name <u>Transit-Serv Union No. 261</u> Labor Organization File Number <u>015 399</u> P.O. Box, Building and Room Number, if any <u>Suite A</u> Street <u>351 Northgate Circle</u> City <u>New Castle</u> State <u>Pa.</u> ZIP Code + 4 <u>16105</u>
5. Position in labor organization. <u></u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7. a. Nature of Interest, Transaction, or Income: <u></u> 7. b. Amount: <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Douglas H. Robbins</u>	On <u>5/5/06</u> Date	<u>724 658 5594</u> Telephone Number

Name of Person Filing <u>Angela H. Williams</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Marine Company Investments
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street 420 Fort Mifflin Blvd.
City Pittsburg
State PA ZIP Code + 4 15222

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teachers Local 261 + Employers Representative
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: Suite B
Street 351 North York Circle
City New York
State PA ZIP Code + 4 16105

11.a. Nature of such dealing.

Money manager for Trust fund

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Own ticket to a football game

12.b. Amount.

approx.

\$300

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street: _____
City: _____
State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Angela L. Hollman

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Customs Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Fifth Avenue Place

Street

100 Fifth Avenue

City

Pittsburg

State

Pa.

ZIP Code + 4

15222

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Teamsters Local 961 + Employees Union Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Suite B

Street

351 Northgate Road

City

New Castle

State

Pa.

ZIP Code + 4

16105

11.a. Nature of such dealing.

Insurance provided to Trust

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

*Gift outing \$181.00**Dinner at Conference \$152.00*

12.b. Amount.

\$333.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State:

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

DOUGLAS H. ROBBINS
351 NORTHGATE CIRCLE
NEW CASTLE, PA. 16105

May 9, 2006

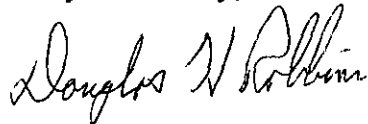
U.S Department of Labor
ESA / OLMS, Room N -5616
200 Constitution Avenue, N.W.
Washington, D.C. 20210

To whom it may concern:

The transactions, dealings, and interests that are reported in the attached form represents my good faith effort to reconstruct any reportable occurrences for the calendar year 2005. Some items may have been unintentionally omitted.

If, in the future it comes to my attention that there is a matter which should have been reported for calendar year 2005, I will file an amended form LM30.

Very Sincerely,

A handwritten signature in black ink, appearing to read "Douglas H. Robbins". The signature is written in a cursive, flowing style.

Douglas H. Robbins